

“Turbulence in the American Health Care System”  
Presented to the 5<sup>th</sup> Biennial Conference  
of the Northeast Canadian/American Health Council  
Halifax, Nova Scotia  
September 15, 1983

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It was pointed out in the remarks I gave at the United States/Mexico Border Health Association that there was a very real function for border health medical societies. This one is the Northeastern Council of the Canadian/American Border Health Association and was given on a date that will stand out for a long time in my mind, because of the frantic transportation problems of the day. The speech had been scheduled to be given by Margaret Heckler, the then Secretary of Health and Human Services in the United States, but she reneged at the last minute and I was asked by one of the meetings' organizers, Steven Scorz, Executive Director of the Capitol Area Health Consortium in Newington, CT. His letter of appreciation and one from James C. Walker, co-chairman, of the meeting are included at the close of the lecture.

The subject I spoke on was, “Turbulence”, but the thing that was really turbulent was my day. I had planned to give the Keynote before Region II Conference on Aging, in Newark, NJ, and then close out the day with a speech in New York City, that was largely ceremonial. Getting to Halifax in addition to that, if I were to keep the two engagements I had committed to, was no easy task, and it ended up that that day I had used for transportation, a commuter airplane, a limousine, a limousine with a motorcycle escort, a commercial jet, a ferry by night from Portland, ME to Yarmouth, Nova Scotia, and a commuter from Yarmouth to Halifax the next morning. I was in a very turbulent state when I arrived.

I shared the platform with an old friend and colleague, the Minister of National Health and Welfare of Canada, Madam Monique Begin, which made up for some of the problems in transportation.

I introduced the subject of the day by harking back to the Turbulent Session of the World Health Assembly that Madam Begin and I had attended together and then preceded to talk about the nature of the scope of the Turbulence in the Health Care System of our country of that day.

I talked about the usual things, such as infant mortality, improvement in death rates from heart attacks, and the change in the life expectancy of our citizens, but then turned to the real turbulent part and that was economics and began by pointing out that from 1950 to 1982 our health care costs rose in the United States by 2,400%.

I also harkened back to one of my pet peeves, and that is the definition of health of the World Health Organization that includes total physical, social, and mental well-being. I wish it were possible for everyone, and it does make a lot of sense, particularly for the governments of many developing countries, but for highly developed countries, such as Canada and the United States, such a definition presents an extraordinarily and radical economic and social change.

This is the first time that I discussed in public the DRGs – Diagnostic Related Groups, which form the basis for payments by the Healthcare Financing Administration (HCFA) at a pre-set rate in the United States. There are 467 DRGs. That system had just been phased in with the planned time span of three years. In essence, we were trying to close the definition of health as something more realistic and manageable as well as measurable, but especially more reimburseable than the World Health Assembly definition of health. I tried to make it clear that there still were no off-the-shelf solution to problems like AIDS, dioxin, acid rain, genital herpes, or anorexia nervosa, and noted the absence of any “magic bullet” to fight alcoholism, suicide, obesity, or child abuse.

I added to the turbulence by talking about the fact that in our domestic objectives for the nation included in that oft quoted (by me) book, “Healthy People: The Surgeon General’s Report”, published in 1979. There are 227 objectives. I spent the remaining time discussing possible ways we might solve the problems of rising health care costs. The problem has only gotten worse in the ensuing almost twenty years.

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Cancer  
Costs of healthcare  
Diagnostic related groups  
Downward trend of mortality & morbidity  
Evaluation of medical technologies  
Funding of research  
Heart attack  
Infant mortality  
Life expectancy  
Motor vehicle mortality  
Partners of research (academic community,  
Industry, investment community, &  
Government)  
Public expectation of medicine  
Research  
Smoking  
Stroke  
WHO’s (World Health Organization)  
definition of health

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Monique Begin  
Geneva, Switzerland  
“Healthy People”

Margaret Heckler  
“Objections of the Nation”  
World Health Assembly